

County Medical Services Program

Newsletter

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Chronic fatigue

Chronic fatigue is a common complaint affecting from 0.1% to 2.5% of the population depending on the criteria used and the study cited. Because chronic fatigue involves emotional and psychological components and can be a disabling disease, early intervention to address symptoms and an approach with both medical and psychological components is most effective in long-term management.

Chronic fatigue is a persistent or relapsing, self-reported failure to sustain some form of physical activity lasting longer than 6 months. Usually females are affected twice as often as males, though the ratio has ranged from 4:1 to 1:1. All races seem to be affected equally.

In approaching the diagnosis of chronic fatigue, eliminating treatable diseases is the top priority. Assessment of thyroid function with a TSH is warranted. Questioning regarding symptoms of sleep apnea may lead to a request for polysomnography. Psychiatric questioning regarding depression and other primary psychiatric disorders can be fruitful and, if found, appropriate treatment/referral is the next step. Other metabolic testing would include a urinalysis, comprehensive metabolic panel, complete blood count and sedimentation rate, in addition to the TSH already mentioned. Rarely a tilt table test is needed if orthostatic hypotension, complaint of lightheadedness, nausea, abdominal pain, syncope, blurred vision or sweating is noted with fatigue.

Treatment options can include anti-depressant therapy, cognitive behavioral therapy and moderate exercise. Cognitive therapy includes goal setting to increase activities, education about the illness, gradual increase in activities of interest to the patient, reinterpretation of symptoms from leaving the patient feeling helpless in the face of their illness to a growing sense of control over the effects of the illness. Low blood pressure can be addressed with mineralocorticoids, though adrenal suppression will result.

Most care will be provided by primary care physicians and specialty consultation would be reserved for individuals for which the above modalities have not been effective, severe, complex or prolonged disability or assessment for suspected alternative diagnoses. With care modalities including counseling and education regarding the disease, graded exercise prescription,

non-narcotic pain relievers, and an empathetic demeanor, 80% of individuals will show improvement, though long term < 5% are ever cured.

The Cleveland Clinic CME website provides a free on-line CME course covering this information. It is available through the website listed below.

Ang, DC, Calabrese LH "A common-sense approach to chronic fatigue in primary care"

<http://www.clevelandclinicmeded.com/ccjmcme/fatigue/article.htm>

Inhaled Steroids for Lung Disease

All steroid anti-inflammatory inhalers are covered for our CMS members who have a requirement for these medications. It has come to our attention that physicians may not be as familiar with the budesonide (Pulmicort Turbuhaler®) inhaler as they are with others. This device is an inhalation driven dry powder inhaler delivering 200 micrograms. This medication has 200 doses per canister and at recommended doses of 200-400 micrograms BID an inhaler would have between 50 and 100 days of medication. Only at the highest dosing of 4 inhalations twice per day would the inhaler last less than one month. Physicians should make their patients aware that this medication does not (usually) run out in a month's time and the patient may not need it refilled at the pharmacy on a strict monthly basis unless using the highest doses.

Conservative therapy for hemorrhoids

It is estimated that 50-75% of adults will experience hemorrhoids at some time. Internal hemorrhoids appear above the dentate line, lying 2-3 cm above the anus, while external hemorrhoids occur below this landmark. Some individuals will have both. Inspection of the anal canal via anoscopy should be done prior to initiation of treatment for hemorrhoids. This allows for verification of the hemorrhoids and exclusion of coincident disorders, such as rectal carcinoma or proctitis, that may mimic the symptoms of hemorrhoids.

Classically, hemorrhoids have been thought to be associated with constipation, straining to defecate or the

passage of inspissated stool. Another contributing factor may be prolonged sitting on the toilet with relaxation of the perineum and lack of support to the anal cushions. Hemorrhoids are also associated with portal hypertension, disorders of connective tissue, chronic cough, prostate enlargement and the associated increased intra-abdominal pressure coincident with these latter two conditions.

Hemorrhoids tend to be recurrent and life style changes and episodic self-management are the mainstay of therapy. Surgical consultation is indicated for recurrent bleeding from internal hemorrhoids, having failed conservative management. Additionally, chronically prolapsed hemorrhoids will require surgical intervention. For external hemorrhoids, surgical consultation is indicated for extremely painful thrombosed external hemorrhoids within the first 3 days or a thrombosed external hemorrhoid that has ruptured and bled.

Acute therapy consists of eliminating the cause of the hemorrhoid- usually constipation, acute or chronic, and treating the symptoms. Stool softeners can be part of the long-term treatment of constipation and hemorrhoids but will not relieve constipation acutely. Usually suppositories or enemas will assist with early intervention. In addition, a warm sitz bath twice per day with gentle washing of the area will speed resolution and ease symptoms.

Application of witch hazel after bathing and bowel movements will assist in the shrinkage of the hemorrhoid due to its astringent qualities. Over the counter hydrocortisone cream or witch hazel will assist with itching and discomfort. These agents are for treatment of external hemorrhoids. Use of over the counter agents should allow for resolution of symptoms within the 7 days of recommended use prior to consultation with a physician.

Advise your patients to engage in healthful habits that minimize constipation and prolonged toileting. This includes the consumption of the recommended amounts of fruit and vegetables combined with regular exercise. Additionally, instruct them in self-management techniques that minimize their discomfort should a hemorrhoid occur. This should help your patients to experience less discomfort and fewer exacerbations of this chronic and often recurrent condition.

References:

Family Medicine, Principles and Practice; Robert B. Taylor, Ed. Sixth Edition, 2003; Springer, New York

W. Steven Pray, PhD, RPh; Hemorrhoids: Self Care vs. Physician Care; Originally printed in U.S. Pharmacist Vol 26(5), 2001.

CMS Formulary

The P&T Committee met for their quarterly meeting on January 20, 2005. The following changes to the formulary were approved.

- **Plavix** Remains non-formulary; prior authorization criteria expanded to include approval when prescriptions are written by a Vascular Surgeon or a Radiologist
- **PrevPac** Limited to 1 fill per 6 month period
- **Levoxyl and Synthroid** Brand is provided if prescription is written for a brand name
- **STATINS**
 - **Lescol** Remove from Formulary. All ongoing prescriptions will be honored until June 30, 2005
 - **lovastatin** Add to formulary. Step therapy recommended when appropriate
 - Step 1 lovastatin (for cholesterol reduction < 40%)
 - Step 2 Lipitor/atorvastatin up to 80 mg/day
 - Step 3 Alternatives for Lipitor failure

Formulary additions and deletions will be made to the on-line formulary in July 2005.

You may contact Dr. Richard Smith at (858) 495-1371 with suggestions for Formulary modifications.

Please use this web site address to access the CMS Formulary on the County's website

<http://www.co.san-diego.ca.us/>

- Go to quick links on the right side and select County Departments;
- Select H from the alpha search at the top of the page;
- Select Health & Human Services Agency;
- Select Programs (on the left)
- Select Self Sufficiency Programs
- Select View All Svices
- Scroll down to CMS Formulary

Or go directly to

http://www2.sdcounty.ca.gov/hhsa/documents/CMS_Formulary1_05.doc and bookmark the site as one of your favorites.

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